### **Nutrition Services in the Medicaid Program**

**Program Description:** Medicaid is a joint federal/state program established to pay for medical services for people who meet the program's financial requirement. It is also known as Medical Assistance, Title XIX, and T19. BadgerCare is Wisconsin's state program to provide health insurance for uninsured working families.

# Medicaid/BadgerCare HMO Program

Approximately half the families and children eligible for Medicaid and BadgerCare are required to join a Medicaid Health Maintenance Organization (HMO). The Medicaid/BadgerCare HMOs are required to provide the same services to their enrollees as would be covered under the Medicaid fee-for-service delivery system.

Each HMO has the discretion to set their own requirements regarding coverage limitation, prior authorization, and billing. However, these guidelines and procedures must allow recipients to receive the same medically necessary services as are covered under the Wisconsin Medicaid feefor-service delivery system.

Contact the Medicaid HMO for information regarding its prior authorization and billing requirements.

<u>HealthCheck</u>: Comprehensive health screenings for Medicaid recipients under age 21. Wisconsin Medicaid HealthCheck program is an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

- Nutritional assessment must be included as a component of the comprehensive HealthCheck screen in order to identify children with nutrition problems who may require more in-depth nutritional assessment and counseling.
- For Growth assessment must be included as a component of the comprehensive HealthCheck screen in order to identify growth abnormalities which may be due to poor nutrition.
- A HealthCheck referral may be made to a Registered Dietitian when a child has an identified problem requiring follow-up from a Registered Dietitian.

<u>HealthCheck "Other Services"</u>: If the screening indicates the need for a medically necessary service that is not ordinarily considered a covered service, Wisconsin Medicaid will consider the service for reimbursement as a HealthCheck "Other Service".

- > To be considered for reimbursement:
  - 1. The provider verifies that a comprehensive HealthCheck screening has been performed within the previous 365 days.
  - 2. The service is allowed under Title XIX of the Social Security Act as a medical service.
  - 3. The service is medically necessary and reasonable to correct or ameliorate a condition or defect which is verified during a HealthCheck screen.
  - 4. Services currently covered by Medicaid are not considered acceptable to treat the identified condition.
  - 5. The service is prior authorized by the Department of Health and Family Services (DHFS).

#### **Eligibility:**

#### Medicaid

Persons may qualify for Medicaid if they are a U.S. citizen or an eligible alien, meet the financial eligibility requirements, and are in one of the following categories: age 65 or older, blind or disabled, under age 19, pregnant, or a relative caretaker of a deprived child.

### Healthy Start

Extends Medicaid coverage to children and pregnant women with incomes up to 185% of the federal poverty level. There is no asset test for Healthy Start.

### BadgerCare

Extends Medicaid coverage to uninsured children and parents with incomes below 185% of the federal poverty level and who meet other program requirements. There is no asset test for

BadgerCare. BadgerCare recipients receive the same health benefits as Wisconsin Medicaid recipients and their health care is administered through the same delivery systems.

**Reference:** Title XIX of the Social Security Act (Medical Assistance), Title XXI of the Social Security Act, Omnibus Reconciliation Act of 1989, and HFS 101-108 (Medical Assistance).

**Reference Summary:** Nutrition services is allowable under Title XIX of the Social Security Act and may be covered for children under age 21 if the need for nutrition services is identified as a result of a HealthCheck screen.

### **Nutrition Services:**

# • **Medical Nutrition Therapy:** Covered

Wisconsin Medicaid covers MNT by 2 methods:

- 1. Health Check (Interperiodic visit):
  - MNT performed by the Registered Dietitian is billed as an interperiodic visit using the HealthCheck agency's provider number.
  - ➤ The Registered Dietitian must be employed or contracted by the HealthCheck agency.
- 2. As part of a physician E&M visit:
  - Nutrition services are provided under the direct, immediate, on-site supervision of a physician.
  - ➤ The supervising physician must be in the same building in which MNT is provided by the Registered Dietitian.
  - MNT performed by the Registered Dietitian is billed under the supervising physician's provider number using the appropriate E&M CPT code.
- **Infant formula:** Not covered

# • Special infant formula: Covered

- Prior authorization is required and the condition must meet medical necessity criteria.
- Formulas for inborn errors of metabolism are not covered.

### • Enteral nutrition products: Covered

> Prior authorization is required and the condition must meet medical necessity criteria.

# • Vitamin/Mineral supplements: Covered

- Coverage of vitamin and mineral supplements require verification that the child received a HealthCheck screen within the last 365 days of the prescription date.
- Supplements covered through HealthCheck "Other Services" <u>without</u> prior authorization include generic multivitamins, multivitamins with minerals, iron, fluoride, psyllium, lactobacillus acidophilus and lactase.
- Most other vitamin and mineral supplements may require prior authorization. Check with a Pharmacist to determine if a specific supplement requires prior authorization.

# • Tube-feeding supplies: Covered

### • **Special feeding equipment:** Covered

All medical supplies are subject to quantity limits. Quantity limits may be exceeded with prior authorization if medically necessary.

## • **Breast Pump:** Covered

Five criteria must be met for Wisconsin Medicaid to cover breast pump. Prior authorization is not required for initial purchase or rental.

#### More information is available at:

Website: www.dhfs.state.us/medicaid or Telephone: (608) 266-8922